

FEB 25 1907

VOL. XXVIII,

No. 2

FEBRUARY, 1907

The California Medical Journal

D. MACLEAN, M. D., EDITOR.

Published Monthly

San Francisco, Cal.

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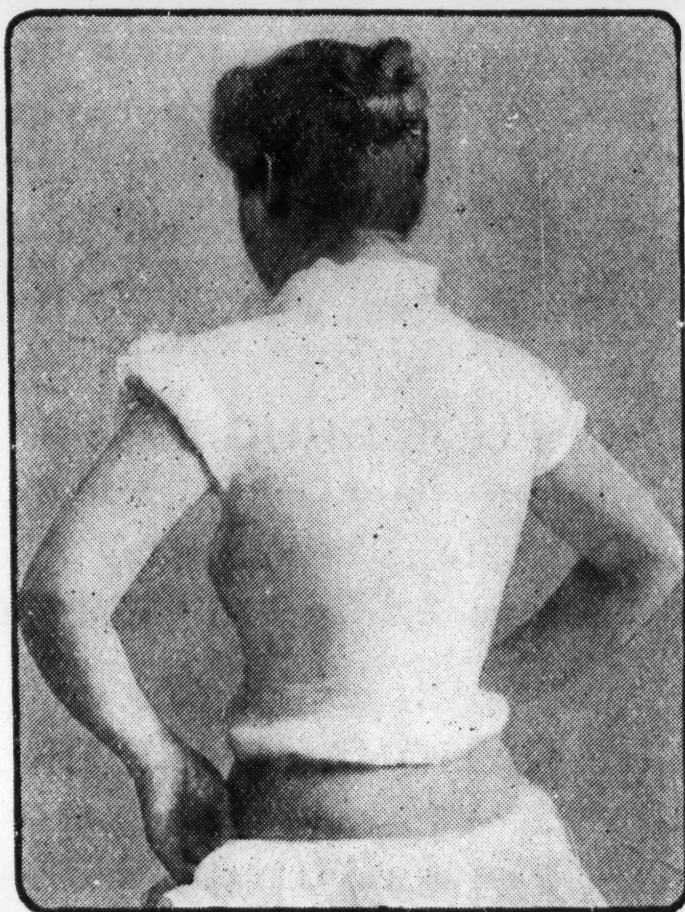
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CALIFORNIA MEDICAL JOURNAL

Entered at San Francisco Post Office as Second-Class Matter.

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CALIFORNIA MEDICAL JOURNAL

VOL. XXVIII.

FEBRUARY, 1907.

No. 2.

Polemonium Reptans.

BY J. A. BURNETT, DEAN SPRING, ARKANSAS.

The common names for polemonium reptans are Greek valerian, abscess root, blue bells and sweat root. It is one of the old forgotten remedies which is of far more value than many of the new ones which have taken its place. The use of this remedy, like many others, was learned from the Indians by the early botanic physicians. The Indians used it for all fevers and pleurisies where they wished to produce free sweating. They made an infusion of the roots, the parts which are used as medicine and drank it freely.

Dr. Hamilton, when speaking of polemonium, says, it is diaphoretic, expectorant and tonic, and is an invaluable remedy in the treatment of pleurisy, pneumonia, and bronchitis, to promote expectoration and tone up the mucous surfaces; can also be used effectually in all the eruptive fevers as a diaphoretic.

The value of polemonium as a diaphoretic should be better known as it is a very important diaphoretic which causes it to have a very wide range of usefulness in many diseased conditions.

When used as a diaphoretic it can, when desired, be combined with such remedies as broom weed (*amphiachyris dracunculoides*), crawley (*corallorhiza odontorhiza*), pleurisy root (*asclepias tuberosa*), burdock seed (*arctium lappa*) and lobelia.

In the treatment of all respiratory diseases polemonium is of value. In these conditions it is generally associated with some one or more of the above mentioned diaphoretics.

Dr. J. M. Massie in speaking of *amphiachyris*, says, "I have been using this agent the last six years in a climate where, on account of the sudden changes of temperature, we are subject to all kinds of diseases of the

air passages and of the alimentary canal, and I am sure that amphiachyris excels all other agents in the treatment of these diseases. In combination with polemonium and lycopus I get the very best results. If I have a case of bronchitis I use amphiachyris and polemonium. If a case of bronchitis where there has been some hemorrhage I add these to lycopus. Dr. Massie further says, "I use equal parts of amphiachyris and polemonium ground (putting a tablespoonful to a pint of boiling water and steeping it). I gave one-fourth teacupful of the infusion every three hours to a bad case of bronchitis with speedy relief and recovery following." In pleurisy it is a good plan to combine polemonium with asclepias, and this also makes a good combination for pneumonia, which can for most cases be improved by the addition of a small amount of lobelia.

Some of the old writers considered polemonium of value in tuberculosis, and it was thought by some that it has cured and will cure tuberculosis. It is of value in laryngeal troubles and febrile and inflammatory diseases and in general languor, also internal venous congestion, and when the surface or extremities are prone to become cold, as a means of producing determination of blood to the surface.

In summer complaint of children attended with febrile symptoms it is of value as its diaphoretic action will relieve the fever, and its astringent action on the bowels will relieve the diarrhoea; asclepias combined with it will increase its action, especially if

there are any colicky pains present. *Myrica cerifera* will assist in its astringency on the bowels and in sustaining the system, making the cure permanent. The alterative action of polemonium makes it of value in cleansing the system, removing vitiated humors, boils, etc. It has been claimed to be of value in scrofula and scrofulous ulcers. When used as an alterative it is best to combine it with such agents as *berberis aquifolium*. Polemonium has been used externally and internally for snake bites and the bites and stings of various reptiles and insects. Its value in this could be greatly increased by combining it with such remedies as *echinacea*. As polemonium is an alterative and useful to remove such poisons as the bites of snakes from the system, and a good diaphoretic and a non-toxic drug, one can readily see that it is of great value in such conditions as small pox, chicken pox, measles and similar complaints as well as in malaria. If it will remove the poison from the system produced by the bite of a snake it certainly would do as well for mosquitos.

Polemonium is a drug that is not often mentioned in medical literature and it deserves to be better known.

Howard says: "In chronic complaints, after using a short time, it often produces a singular sensation on the surface of the body—a kind of prickling."

In performing operations on the neck, make the skin incision parallel to the muscular plane. — *Amerian Journal of Surgery*.

A Fracture of the Tibia Due to Direct Violence.

THEODORE JUDSON HIGGINS, M.D., PH. G., M. S.

Master G. A., aged 14 years, while engaged in a game of foot-ball sustained a fracture of the right leg, the tibia alone being the bone fractured. The fracture was the result of direct violence as the deep bruises or contusions over the injured member on the anterior surface of the limb plainly attested and must have been the result of direct contact either with the heels or the entire sole of a heavy shoe. The bruise extended from a point one inch above the malleolus to practically the middle of the leg and involved the entire anterior and inner aspect of the limb.

The fracture of the bone occurred about two inches and a half above the ankle joint and was primarily transverse in character, and secondarily the upper segment of the bone was split longitudinally into three portions in such a manner that the segment bone spread apart laterally and the middle portion of the segment protruded anteriorly and inwardly. Such was the condition of the limb when we met the young man some three hours after the accident. Extreme pain and muscular spasm being also present. We reduced the fracture, applying three splints of extra heavy sole leather previously molded to fit the member which was injured as follows—one anteriorly to the injured limb from the commencement of the instep at from a line drawn hori-

zontally between the lower borders of the two malleoli to the upper portion of the bone near the tubercle of the tibia, or the insertion of the ligamentum patellæ; this gave a correct outline for the proper shape of the crest of the injured member.

Then we applied another strip of the leather to the internal border. This strip extended from the back of the internal tuberosity and ended at the posterior margin of the malleolus. The third strip of leather we molded to extend the full length of the interosseous border from the fibular facet on the outer tuberosity to the lower end of the bone.

We padded our leather splints with a uniform piece of sterilized absorbent cotton and used a first grade roller bandage two inches in width to envelop the entire foot and limb, using forty yards of bandage to render the limb entirely immobile for the first two weeks reapplying the bandage sufficiently often to keep the fractured bone continuously and firmly secured within the confines of the splints in such manner that the segments were in true apposition. Perfect union is our ultimate result in this case. To overcome the fearful nerve irritation which causes the contraction of the gastrocnemius muscles and produces serious complications in these cases we administered spec. med. passiflora in half drachm doses, and gave three

doses one half hour apart on the date of the injury; this not being sufficient to completely overcome the paroxysms of pain we then gave $\frac{1}{8}$ th of morphia sulph. hypodermically. The patient passed a very peaceful, quiet and restful night, enjoying a dreamless sleep of nine hours duration which proved of great value in assisting his recuperative powers to revive. We gave the following evening after the injury a compound aloin bel et ipecac. pill, and during the day four drachms of specific passiflora in broken doses. This latter treatment we continued for the first five days. After which we commenced the administration of sulphurated lime (Abbott's granules), one-sixth grain doses every four hours. The patient was free from pain entirely after the fifth day; the osseous union taking place without the usual agonizing pain. This we attribute principally to the methods employed.

The passiflora certainly subdued the nervous tension and quieted the irritation to that extent that the pain usually appearing at the time in which osseous union is well under way did not appear; our patient complaining

simply that it felt as though it might commence to ache, but did not do so. The use of the calcium sulphide favors osseous union, and this remedy we gave continuously after the fifth day.

Our dietary for the first seven days was beef and mutton broths with bone marrow in plenty and little or no solid food. Then we gradually commenced the administration of solid foods such as corn bread, whole wheat bread, vegetables, such as beans, rice, very little Irish potatoes, sweet potatoes, meats, such as roast beef, steak broiled, a little chicken, roast mutton, very little salt meat such as bacon or ham. and very little pastry such as pie or cake.

Our patient commenced to put on flesh in appreciable amounts after the fourteenth day and is of greater avoirdupoise than he was at the time of the injury. We wish to state that we commend the practice of demanding of the student that he mold all of the important osseous structures in clay. This knowledge was of great practical value in this instance for it enabled us to manufacture splints which were for all practical results perfect, or as nearly so as any scientific man could wish for.

The Circulation.

F. G. DE STONE, M. D.

(From a series of lectures delivered by the author.)

I shall continue the discussion of the circulation this evening.

Influences of the nervous system:
The pulmonary circulation is much

less dependent on the nervous system than the systemic circulation. Very considerable variation of the blood pressure within the other part of the

body may occur, while the pressure within the pulmonary artery and right heart is but slightly affected thereby. The pressure is increased by electrical stimulation of the medulla oblongata, and falls when the medulla is destroyed. Sections of the central or peripheral end of the vagi (pneumogastric), stimulation of the splanchnic (nerves to the kidneys) and of the central end of the sciatic, have but little effect upon the pressure of the pulmonary artery.

In estimating the velocity of the blood current it is important to remember that the sectional area of all the branches of the aorta becomes greater as we proceed from the heart toward the capillaries, so that the capillary area is 700 times greater than the sectional area of the aorta. As the veins join and form larger trunks the venous gradually becomes smaller, but the sectional area of the venous orifice at the heart is greater than that of the corresponding arterial orifice. We may then represent the result as two cones placed base to base, the bases meeting at the capillaries.

The time required to make a complete circuit has been estimated at thirty-two seconds or during twenty-seven heart beats. The method by which this was determined, first, Hering, in 1829 injected potassium ferrocyanide into a special vein and ascertained by means of ferric chloride when it appeared in the same vein of the opposite side.

The work done by the heart is something enormous; one enterprising calculator has estimated that in ordin-

ary life of three score and ten the heart will beat three thousand million times, and in doing so propel from itself to the farthest extremity of the body half a million tons of blood. The heart throws out thirteen pounds of blood at each beat, and it is estimated that the friction occasioned by the working of the heart is equal to 204,000 beat units.

On observing the circulation in the capillaries it has been found that the red corpuscles float in the center of the stream (axial current) while the white form along the walls of the vessels, and between these two currents is the plasma; this plasma layer has been named also (Poiseuille's space). The colored corpuscles in the smaller vessels move in single file.

The amount of water in the blood is of importance; when it increases the circulation is facilitated and accelerated.

We have now gone through the circulation of the blood in the arteries and taken a glance at its physiology; we will now take up the veins.

The veins are tubes that convey the blood from the capillaries of the tissues to the heart. They are constructed much the same as the arteries but have fewer muscular fibers, and the elastic fibers are also fewer, consequently they can be distended more than arteries but have less resistance to pressure; they begin in the capillaries and form continuous tubes getting gradually large as they go towards the heart till they terminate in the superior and inferior vena cava. They are divided into sets, superficial

and deep. The superficial can easily be seen beneath the skin, but the deep veins accompany the arteries and run in the same sheath with them. The venous capillaries carry blood away from the tissues, the arterial brings it to them.

In those situations where the blood must be carried against the force of gravity, as in the legs or arms, the veins are provided with valves, and the valves open upward, so that after each pulsation they open and let the blood pass and then immediately close, thus preventing the blood from returning; for if the whole column of blood from the feet to the heart had to be sustained without aid, the veins being easily distended would soon become bagged or dilated till the heart would have a very hard time in forcing the blood back; indeed, this is what does take place when the condition known as varicose veins is present. In a short time the valves refuse to do their work, the heart unable to longer force the blood back, allows part of it to remain in the tissues, and then we call it œdema or dropsy.

These valves are folds of membrane which float loosely in the vein lapping gently together in the blood stream. Several factors aid the flow of blood in the veins: first, there is no resistance to the flow of blood because they gradually increase in size as they go towards the heart, while the arteries offer resistance as they gradually get smaller as they go towards their termination in the capillaries. Second, as the veins lie in the tissues they are surrounded by muscles, every move-

ment of which tends to move the fluids they contain. Third, the action of the lungs by drawing up the diaphragm eighteen times per minute, helps to draw the blood up in the veins toward the heart. Schmitz says that peristalsis of the capillaries also aids the flow, but this is not proved.

In the smallest veins coming from the capillaries the blood stream is more rapid than in the capillaries themselves, but less so than in the corresponding arteries. The stream should be uniform in the flow, but many things interfere in different parts of its course; among these are: First, the relative laxness, great distensibility and ready compressibility of the walls of even the thickest veins. Second, the incomplete filling of the veins which does not amount to any considerable distension of the walls. Third, the free anastomosis (the running of one vein into another), not only between veins laying in the same plane but also between the superficial and deep veins. Fourth, the presence of numerous valves which permit the blood to flow only towards the heart.

Effect of pressure: As soon as pressure is applied to veins the next lowest valves close, and those immediately above the pressure open and let the blood freely pass toward the heart. The thickened contracted muscles, especially those of the limbs, compress the veins.

The venous blood from the liver, spleen, pancreas and intestines does not enter at once into the inferior vena cava; they all unite into one common trunk, called the vena portal, which

ramifies through the liver substance by means of capillary tubes. (This is the only instance in the body where a vein begins and ends in fine capillary tubes.) From the capillaries, the blood, after having its impurities and bile removed from it, is collected into veins called the central lobular veins, which terminate in a trunk named the hepatic, which in turn empties into the vena cava inferior.

The movement in veins is only about one-third as rapid as in the arterial. The capacity of the entire venous system is about two and one-half times that of the arterial. The capillary system is the means by which the tissues are nourished; they are simply fine prolongations of the

arteries, so minute they can not be seen by the naked eye, being about three thousandth of an inch in diameter. When an arterial trunk reaches the point where it is to divide into capillaries it loses its outer and middle coats, and only the inner (tunica-intima) remains, so that the capillary walls are very thin and flexible, and it is easy for fluids and gases to pass through them.

By identically the same means that we learned to receive nourishment from foods, namely, osmosis.

The combined diameter of all the capillaries is eight hundred times greater than the parent trunk, hence the arterial pulsation is not noticeable in them.

Clinical Lecture on Chorea.

BY JOHN V. SHOEMAKER, M. D., LL. D.

GENTLEMEN: This young woman, age seventeen years, has spasmodic involuntary muscular contractions of the face, arms, and legs; also slight athetosis of the toes and fingers. She complains of lassitude, pain in the lumbar region, radiating up the back, insomnia, headache, and eructations of gas after meals. Her appetite is poor, and her bowels constipated. She is irritable and nervous.

Physical Signs.—She is a brunette, fairly well developed and of average size for her age. Her skin is pale, soft and velvety—so characteristic in those of tubercular diathesis. On the anterior aspect of her neck is a large,

red puckered-up scar or keloid, the result of an operation for the removal of tubercular glands. Also over the anterior aspect of her right arm and in the right inguinal region are a number of red scars due to the suppurating condition of tubercular glands. Her ears, eyes, and nose are normal. The mucous membrane of her mouth is pale, the tongue is heavily coated with a yellowish fur, and the breath is very offensive.

The lungs apparently are normal. Respiration is full, regular, and 22 per minute. Fremitus is normal with equal expansion of both lungs. Percussion gives a good resonant note,

and auscultation reveals soft vesicular breathing.

Precordial dullness is normal. The apex beat is visible an inch to the right of the nipple line. The heart sounds are all slightly accentuated, and a soft, hemic murmur systolic in time is heard best over the area of the apex beat, and transmitted to the anterior axillary line.

The abdomen and its viscera appear normal, excepting that palpation elicits tenderness in the right iliac fossa. The patellar reflexes are diminished.

Urinalysis.—

Chemical Examination.—Albumin, negative. Sugar, negative. Color, light straw. Reaction, acid. Specific gravity, 1.016. Indican, slight reaction.

Microscopic Examination.—Bacteria, ordinary. Cylindroids, a few. Urates, a few crystals. Amount voided in 24 hours, 42 ounces.

Family History.—Father is living and in good health. Mother died sixteen years ago from pulmonary tuberculosis. She has two full brothers, one half brother, and four half sisters—all of whom are living and well.

No information could be obtained concerning her grandparents, uncles and aunts.

Previous Personal History.—As a child she had measles and whooping-cough. First menstruated at fourteen years of age, her periods being of the regular 28 day type and painful. The flow has always been scanty. Two years last April she had an operation for the removal of tubercular glands in the neck. A year ago last month

a similar operation for the same purpose.

Social History.—School girl. After school hours assists her stepmother in the housework.

Present Illness.—One year ago menstruation ceased. She became fretful, restless, and nervous. This condition gradually increased until two months ago, when emmenagogues were administered to bring about the menstrual flow, but with no success. At the end of three weeks' treatment she began to have slight choreiform contractions of the upper extremities, especially in the right arm. On admission to the hospital the contractions were more marked, as has already been described.

Diagnosis.—The mode of onset; her irritable and nervous condition; cessation of the menstrual periods, followed by the characteristic choreiform movements of her right arm at first, which soon developed in the left arm and legs; and also the involuntary contractions of the muscles of her face—all are sufficient diagnostic points to establish a positive diagnosis of chorea.

Owing to her age it is well to give you a differential diagnosis of chorea and cerebrospinal sclerosis. The following shows the chief differential points of the two diseases.

CHOREA.

1. More frequent before the age of twenty, usually in childhood.
2. The voluntary muscles are under control, but inco-ordinate.
3. Nystagmus is absent.

4. Muscular movements are irregular and changeable.

5. Disease manifests itself by restlessness, general weakness, followed by spasmodic involuntary muscular contractions of the upper extremities.

6. Reflexes normal or diminished.

CEREBRO-SPINAL SCLEROSIS.

1. More frequent after the age of 25; rarely, if ever, in childhood.

2. The voluntary muscles beyond control.

3. Nystagmus is present in almost all patients.

4. Muscular movements always the same in character.

5. Disease manifests itself by loss of power, followed by paresis of the lower extremities.

6. Reflexes increased.

Pathology.—The morbid anatomy of chorea is not definitely known. Many theories have been advanced, but not one has been sufficiently proved. The lesions most frequently found are the result of complications or are incidental. From the symptoms and its sudden development in some patients, we would naturally infer that the essential lesions were in the brain or spinal cord. This view still remains to be determined, though the suppositions of most writers on the subject are in accord with it.

Etiology.—The predisposing causes are age, in childhood and from the fifteenth to the twentieth year, and especially in females and the white race. It sometimes follows the infectious fevers, probably due to the exhausting influence they have on the

nerve centers. The diseases it is most prone to follow are scarlet fever, diphtheria, measles, typhoid fever and rheumatism with heart complications. The cause of this patient's disease is undoubtedly due to the debilitated condition as a consequence of operations for the removal of the tubercular glands, the disturbed menstrual functions, and the marked gastro-intestinal catarrh.

Treatment.—Two days ago on her admission to the hospital, I deemed it expedient first to prescribe a remedy that would have a quick influence on the gastro-intestinal catarrh by increasing the glandular secretions of the alimentary canal and stimulating the liver at the same time. Hence, hydrargyri chloridi mitis, gr. i-10, and sodii bicarbonatis, gr. i-10, in powders, were given every half hour, dry on the tongue, for fifteen doses, followed an hour after the last powder was taken, by magnesi citratis, fl. dr. vj. She is kept at rest in bed and given a strictly milk diet, fl. oz. vj, every two hours. For the fermentative condition of her stomach she receives creosoti (Beechwood) min. ij, three times a day in a glass of hot milk. The choreiform condition, especially in this patient, will probably be more easily controlled by the administration of cimicifuga racemosa. I have placed her on the fluid-extracti cimicifuga, min. v, three times a day after nourishment, increasing the dose one min. daily until a full physiological effect is obtained, which manifests itself by vertigo, intense headache, and prostration. Nausea and vomiting may follow if

too long continued and in too large doses. Cimicifuga in this patient will not only ameliorate or cure the chorea by lessening the reflex activity of the spinal cord, but in the small doses prescribed it will aid and stimulate digestion by awakening the action of the glands along the alimentary canal. It will also increase the secretions of the bronchial mucous membrane and stimulate the menstrual flow which has been absent in this patient for over a year. Its influence upon the heart and circulation will resemble that of digitalis, though less marked, by slowing the pulse and raising arterial tension, thus augmenting the excretion of the kidneys.

The late Dr. Hiram Carson was the first to publish a paper in which he claimed to have used cimicifuga in cases of chorea for fifty years without a failure.

As a synergistic remedy to cimicifuga a suppository is prescribed consisting of:

R Ext. hyoscyami,
Ext. cannabis indicæ, aa gr. $\frac{1}{4}$.
Camphoræ monobromatis, gr. 5.
Ol. theobromatis, q. s.

M. ft. suppository No. 1. Mitte No. 20. Sig. One suppository inserted into the rectum three times daily.

Three weeks ago today I had this patient before you, when I diagnosed her case and outlined the treatment to you. The fluid extract of cimicifuga was increased to twenty min. three times daily before we had evidence of a full physiological effect. We then reduced the dose to five min.

three times a day, increasing it one min. every other day. She is now taking eight min. at a dose, and is almost entirely free from her choreiform affection.

We will discharge her from the hospital today, keeping her on the fluid extract of cimicifuga, and let her come to the hospital every other day for exposure to the X-rays of the keloid, on the anterior aspect of her neck, which we hope to reduce very much in size.—*New England Medical Monthly*.

Surgical Suggestions.

In seeking the source of an obscure sepsis, do not overlook an examination of the ischio-rectal region.

The possibility of gastric cancer must be considered in cases of supposed pernicious anemia.

Bronchiectasis is not seldom complicated by brain abscess.

During the conduct of a narcosis, more important than the activity of the conjunctival reflex or the actual size of the pupil in determining the depth of the anesthesia, are the *changes* in the reactibility of the lid and the alterations in the size of the pupil. They are reliable indices to fluctuations in the depth of the narcosis. Sometimes the patient is quite relaxed and anesthetic although a fair conjunctival reflex is present; and, again, it may occasionally happen that a patient reacts even when that reflex is abolished.—*American Journal of Surgery*.

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964 Dolores St., San Francisco, Cal.

Editorial.**THE NATIONAL ASSOCIATION.**

The National Eclectic Medical Association meets at Long Beach, this State, in June. This is an opportunity and a privilege which every eclectic physician, not only of this State, but of the whole Pacific States and Territories should avail himself. Every State will be represented by its best men, and California should not be behind.

The Eclectic profession, both National and State, needs a shaking up. The spirit of the fathers is not apparent in the ranks. Many of the stronger men have become lukewarm and deserted or forced from the councils of the leaders.

The work is not completed. Never was there greater necessity for the clinical study of medicine, and the therapeutical application of drugs than at the present time.

Our drugs are reliable as to quality and standard of strength. Our results should be the best, if we understand conditions and how to apply our remedies from specific indications.

The National should have something definite in view—not only to meet once a year, listen to a few

papers and adjourn. That does not accomplish much; its actions should be continuous through its executive officers, or agents.

The school is not increasing very rapidly, if not at a standstill. Why not do something worthy? Why not establish a physiological laboratory and clinically test our remedies? The Eclectic profession is able to support such an institution and make it a credit to our people—will the National lead in the matter?

RECIPROCITY.

Whatever changes are made in the Medical Practice Act by the legislature of this State should be on the basis of reciprocity. A diploma good in one State should be good in all States.

We have three associations of medical colleges whose requirements are practically the same. The same requirements for admission, attendance and graduation. When a college fulfils the requirements of its association it is in good standing, and when a student fulfils the requirements of his college and receives his diploma his standing should not be questioned in any State. His diploma should be a guarantee of his qualifications and carry the privilege of practising his profession wherever he chooses.

Our present medical laws are founded on the most illiberal principles. Talk about trade unions—they are the soul of liberality in comparison with the narrowness of these medical laws. A mechanic can come

from Maine to this State and if he has his certificate of good standing he may join his union on payment of certain fees, and pursue his vocation in peace. Not so the physician, from Main or any other State, his certificates only permit him to appear before an autocratic Board who can turn down any one if it so desires.

A diploma good in one State should be good in all.

Round trip rates to the National Eclectic Medical Association, to be held at Los Angeles, June 18th to 21st inclusive.

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Dr. H. B. Crocker, of Healdsburg, owing to ill health, expects to move South. He wishes to dispose of his office, apparatus and furniture. This is a good location for a competent man. Write the doctor for particulars.

Any physician desiring to locate in Nevada will find it to his advantage to write to J. P. Martin of Lovelocks.

Dr. Theodore Berndorf has moved to San Antonio, Texas.

Dr. Geo. D. Rich has opened an office at 821 Filmore St., where he expects to meet his old and new friends. Earthquake and fire are not sufficient to keep a San Franciscan away from the city of his love.

Some Points on Pulmonary Surgery.

Dr. W. R. Jackson draws up the following conclusions:

1. Always use chloroform as an anesthetic.
2. Immobilize the chest walls in all injuries of the pleura or lung.
3. Avoid attempting primary disinfection of penetrating accidental wounds of the lung and pleura. Disinfection of the external wounds and antiseptic occlusive dressing (without suture) usually suffice.
4. Never probe gunshot wounds of the thorax to ascertain the direction or location of the ball.
5. Make sure of adhesions to the parietal pleura before exploring the lung for abscess, gangrene, bronchiectasis, or tubercle.
6. Avoid producing double pneumothorax even if empyema is present on both sides. Operate on one side at a time and wait until well, then attack the other side.—*The Charlotte Medical Journal*.

Long pauses between attacks of gastric or abdominal pain speak in favor of cholelithiasis.—*American Journal of Surgery*.

TREATMENT OF EPITHELIOMA WITH CAUSTIC POTASH.—Dr. Arthur Van Harlingen says (*Jour. Cut. Diseases*) that the excellent results obtained in most forms of epithelioma of the skin by the use of the X-rays do not exclude the employment of older forms of treatment in cases where the latter give a more rapid and satisfactory result. The caustic which gave the author the best results is caustic potash (KOH.) It dissolves the horny layers of the skin, lays bare the diseased tissues and while destroying everything indiscriminately can be accurately limited in its effects. The pain is not too severe for most patients to endure; it need not be prolonged and can be arrested at any moment by the use of a neutralizing agent, as acetic acid. The only caustic which can be compared with potash as to efficiency in arsenic, but the arsenical pastes are likely to give rise to general and prolonged pain.

The author gives brief illustrative reports of fifty-five cases and reaches the following conclusions:

1. In a certain number of cases epitheliomata of the skin are best treated by means of caustic potash.
2. The cases comprise such as show well defined pearly lesions, from one-half to one or even two centimeters in diameter, chiefly upon the face and adjacent parts.
3. Larger lesions are best treated by the X-ray, but here caustic potash may be used to soften and dissolve the horny epithelium and perhaps in some cases as an adjuvant.
4. In cases treated by caustic pot-

ash, the use of the X-ray does not appear to hasten the process of reparation or to modify to any marked degree the cicatrix resulting from cauterization.—*Ex.*

PELVIS IN OBSTETRICS. A NEW INSTRUMENT FOR MEASURING ALL ITS DIAMETERS IN THE LIVING WOMAN.—Sidney D. Jacobson illustrates and describes an instrument the use of which he advocates for the measurement of all the important diameters in the pelvis of the living woman.

This instrument also enables the physician to determine the shape of the pelvis, and in the case of abnormalities the available room for the passage of the child. It is constructed of steel and consists of two branches hinged together at one end and in the form of calipers. There is an outer semicircular branch and an internal irregularly S-shaped branch, each one being attached to a handle. A movable guage slides on a grooved track and can be fixed to any part of this track by a set screw. The movable branch is attached to its handle by a pin and socket, and has a loop on each side, into which a sliding catch can be made to slip, which will securely hold the inner branch, whether it points toward or away from its fellow. The upper tips of the branches can be separated about twelve inches, the distance being indicated on the sliding guage. A graduated leather belt accompanies the instrument. The fixed branch always remains outside of the body, while the other is used internally. The writer then gives detailed instructions for the employment of this instrument.—*Medical Record.*

"A General All-Round Tonic:" In the convalescent stage following any debilitating disease—this preparation—stands pre-eminent. To secure the desired results, Fellows' Syrup should be taken regularly and persistently for a period of one month.

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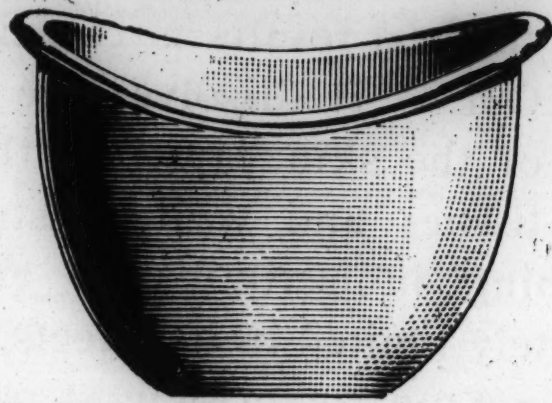
"As the colder weather approaches certain diseases and remedies will be more on the mind of the profession. Among the remedies will be cod liver oil. Hagee's cordial of the extract of cod liver oil compound, is not only one of the most popular cod liver oil preparations on the market, but one of the very best, if not indeed, the best itself. All the nutritive properties of the oil are retained and the disgusting and nauseating elements are eliminated. Combined with hypophosphites of lime and soda it offers to the profession a reconstructive of great value.

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An eye bath fashioned from a single piece of aluminum has been introduced by the Kress & Owen Company.

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That this little device will be well received by the medical profession is not to be questioned when one considers the many points of advantage this metal cup has over the old style glass contrivance. It is cleanly, unbreakable and can be sterilized instantly by dropping into boiling water. The surgical bag in the future will hardly be complete without one of these cups, which will give happy results in many an emergency. It will be found invaluable for treating Ophthalmia, Conjunctivitis, eye strain, ulceration and all inflammatory conditions affecting the eye.

DIRECTIONS.—Drop into the eye bath ten to thirty drops of Glyco-Thymoline, fill with warm water; holding the head forward, place the filled eye bath over the eye, then open and close the eye frequently in the Glyco-Thymoline solution.

No pain or discomfort follows, the use of Glyco-Thymoline. It is soothing, non-irritating, and reduces inflammation rapidly.

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Every Eclectic Journal will quote these same rates which will be open until April 1st.

Safe Hypodermic Anesthesia for Major Surgical Work is now an Accomplished Fact.

From all sides come reports attesting the remarkable efficacy of the new method of securing surgical anesthesia with "Hyoscine, Morphine and Cactin Compound, Abbott." The surgeons are taking it up with something akin to enthusiasm. The writer had recently the opportunity of witnessing three serious operations performed under this anesthesia. One was an appendicitis. This patient had two injections of one tablet each, two hours apart. After the last one the attendant came to report nervously

that the respiration had fallen to six per minute! The surgeon got up leisurely and remarked that the patient was about ready for the operation, and without concern proceeded with the work. No nausea, no assistant to see to the anesthetic, no unrest, bronchitis or nephritis, but perfect anesthesia for hours, allowing plenty of time for careful work, with hours of quiet sleep thereafter. Surely this is pretty close to the ideal.

Several physicians have reported similar ideal results from this combination in obstetric cases. Smaller doses, however, are used (half size) and care should be taken not to begin too early. This combination is also the best we possess for false pains and pending

miscarriage, especially from excess of foetal activity.

Other reports coming in indicate that the profession is applying this anesthetic combination in a wide range of other pointed cases. Several have testified to its superior efficacy in relieving the atrocious pangs of hepatic and renal colic, where it leaves the old morphine-atropine combination hopelessly in the rear. A few doses may also well be used to produce sleep in morphine cases, while the regular dope is being gradually reduced. This will probably prove efficient and safer than hyoscine alone. It is now an established fact that hyoscine, when chemically pure, is not therapeutically identical with scopolamine as some claim. Results unqualified by disprove their assertion. The triumph of this anesthetic "Hyoscine, Morphine and Cactin Compound, "Abbott" is again a triumph for chemical purity and definiteness of drug application."—*Clinical Medicine*.

OUR CONFIDENTIAL FRIENDS.

We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere. In the acute stage of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galenic or alkaloidal derivatives, is our grandest remedy—our confidential friend. It is here also that the compound coal-tar products step in to claim their share in the domain of therapy. Among the latter, perhaps, none has met with so grateful a reception as "Antikamnia and Codeine Tablets," and justly so. Given a frontal, temporal, vertical or occipital neuralgia, they will almost invariably arrest the head pain. In the terrific fronto-parietal neuralgia of glaucoma, or in rheumatic or post-operative iritis, they are of signal service, contribut-

ing much to the comfort of the patient. Their range of application is wide. They are of positive value in certain forms of dysmenorrhoea; they have served well in the pleuritic pains of advancing pneumonia and in the arthralgias of acute rheumatism. They have been found to allay the lightning, lancinating pains of locomotor ataxia, but nowhere may they be employed with such confidence as in the neuralgias limited to the area of distribution of the fifth nerve. Here their action is almost specific, surpassing even the effect of aconite over this nerve.

AN EFFICIENT MEANS OF RELIEVING PAIN.

The pain which accompanies the intestinal diseases resulting from grippe colds is often severe and requires the use of an effective anodyne. Papine is peculiarly adapted to such needs as it represents all of the pain relieving properties of opium without its narcotic and nauseating effects. It is apparent that such a remedy has a wide range of usefulness, and that Papine is well appreciated by the medical profession is shown by the place it has occupied in the medical armamentarium for so many years.—*The International Journal of Surgery*.

PEACOCK'S BROMIDES.

Peacock's Bromides is made to meet every possible and exact requirement of the bromides. It is a combination of the five bromides of the alkalies and alkaline earths, Potassium, Sodium, Calcium, Ammonium and Lithium. The salts employed in its manufacture are made especially for Peacock's Bromides and are purer and better than the commercial salts. The preparation will give the best possible bromide results with the least danger of bromism and gastric disturbances.

CEREUS GRANDIFLORA.

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Syllabus of Lectures on Human Embryology; an introduction to the study of Obstetrics and Gynecology for Medical Students and Practitioners; with a Glossary of Embryological Terms. By Walter Porter Manton, M.D., Professor of Clinical Gynecology and Professor Adjunct of Obstetrics in the Detroit College of Medicine; Fellow of the Zoological Society of London, of the Michigan Academy of Sciences, etc., etc. Third Edition. Revised

and Enlarged. Illustrated with a colored frontispiece and numerous outline drawings. 12mo. 136 Pages; Interleaved throughout for adding notes. Bound in Extra Cloth. Price, \$1.25, net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia, Pa.

Special Note.—While this work is specially designed for, and will be found particularly useful to students in their first and second years at college and is likewise a desirable manual for review and reference for the general practitioner, it is not intended to take the place of the exhaustive text-books on Embryology, but is primarily for use in the class-room supplementary to the lecture and for laboratory guidance. It can also be used for self-instruction and in laboratory work in connection with the usual text-books.

We think the above statement by the publishers describes the scope of the book admirably and we add to it our recommendation and approval.

Specific Diagnosis and Specific Medication, by the late John M. Scudder, M.D. 12 mo. 819 pages, bound in one volume. Cloth, \$3.00. Scudder Brothers Company, 1009 Plum St., Cincinnati, O., Publishers.

This is a reprint of the two volume edition of Prof. Scudder's companion works, edition of 1880, bound in one volume for convenience. These books will be withdrawn from the market as soon as this small edition is exhausted.

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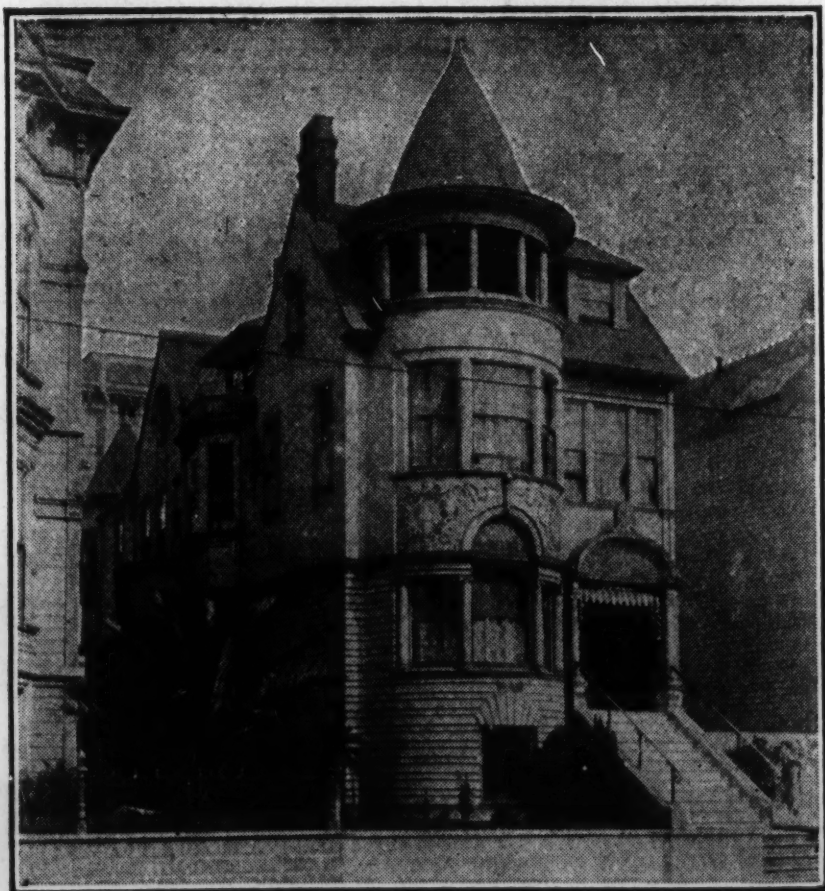
or the scientific administration of drugs.

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Conservative Gynecology and Electro-Therapeutics. A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. Betton Massey, M.D., Attending Surgeon to the American Oncologic Hospital, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association, etc., etc. Fifth carefully revised edition. Illustrated with Twelve (12) Original Full-page Chromo-lithographic Plates of Drawings and Paintings,

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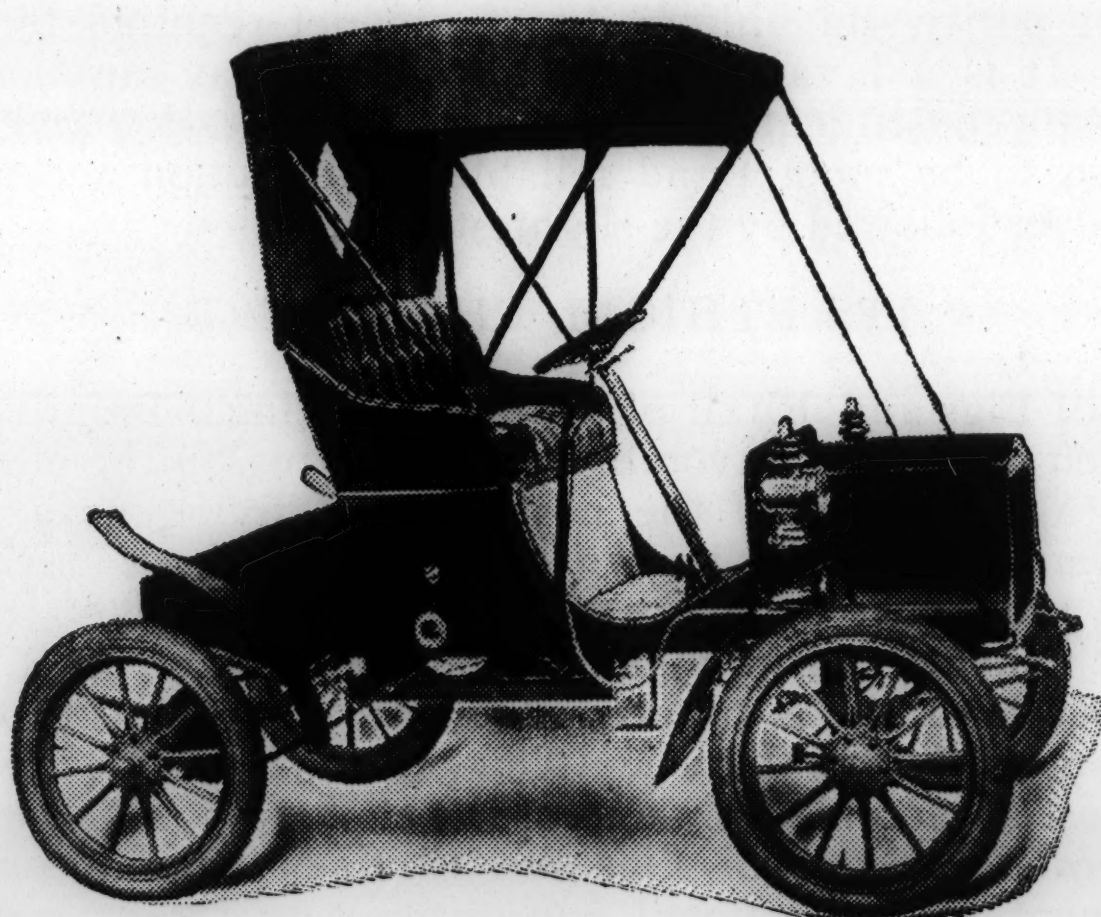
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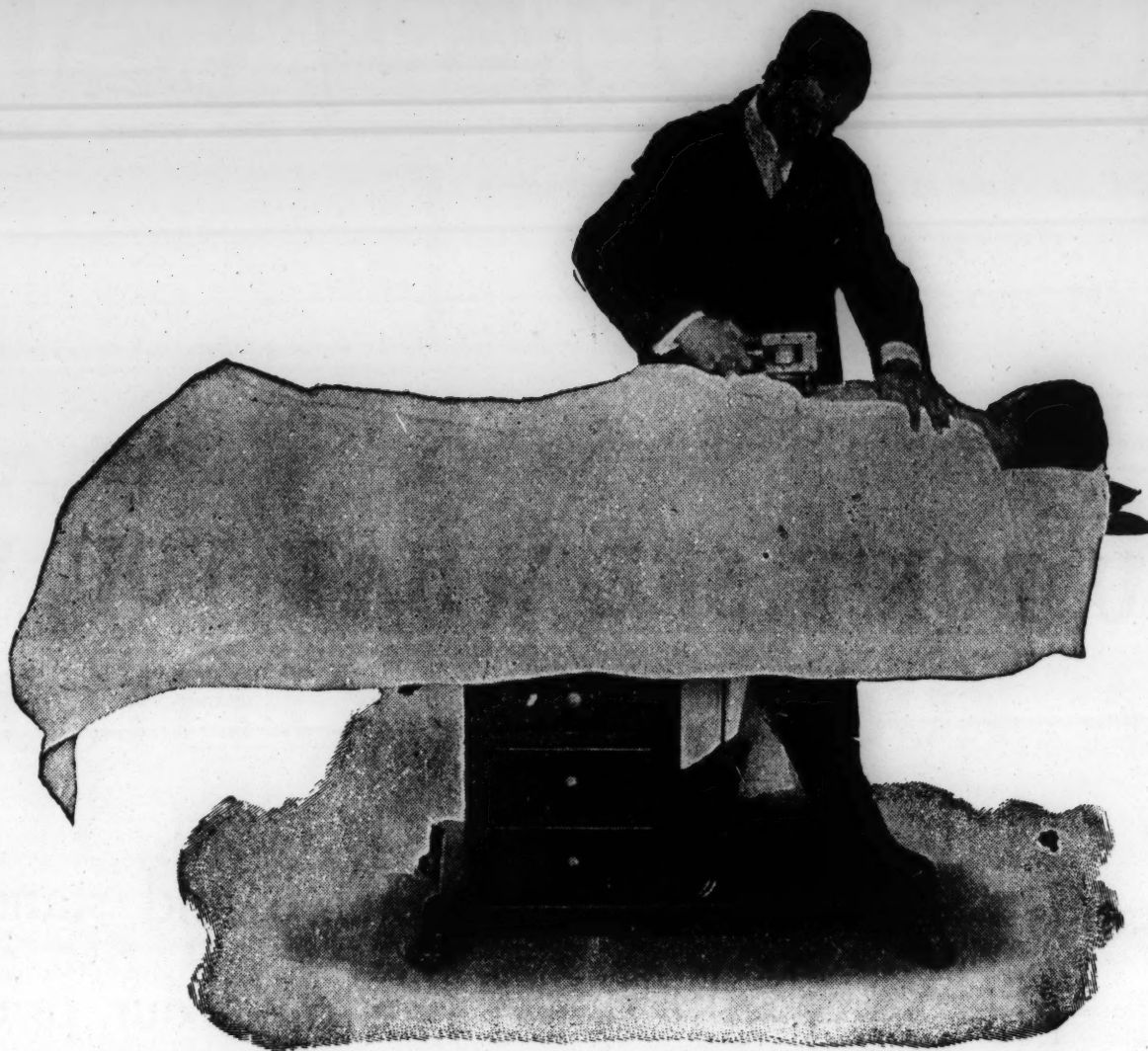
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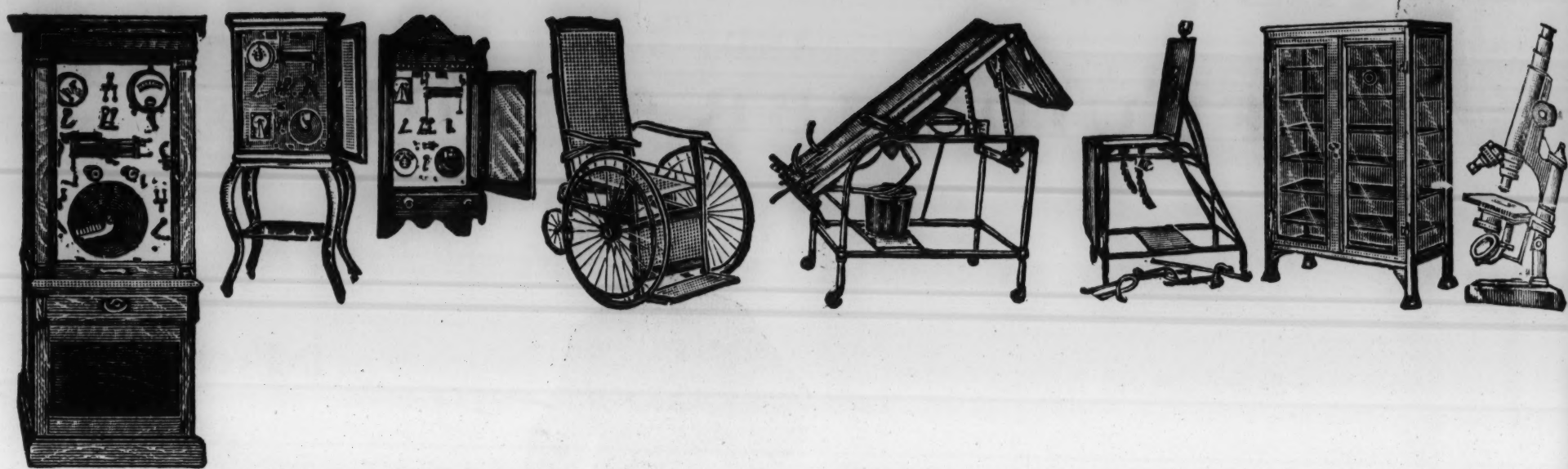
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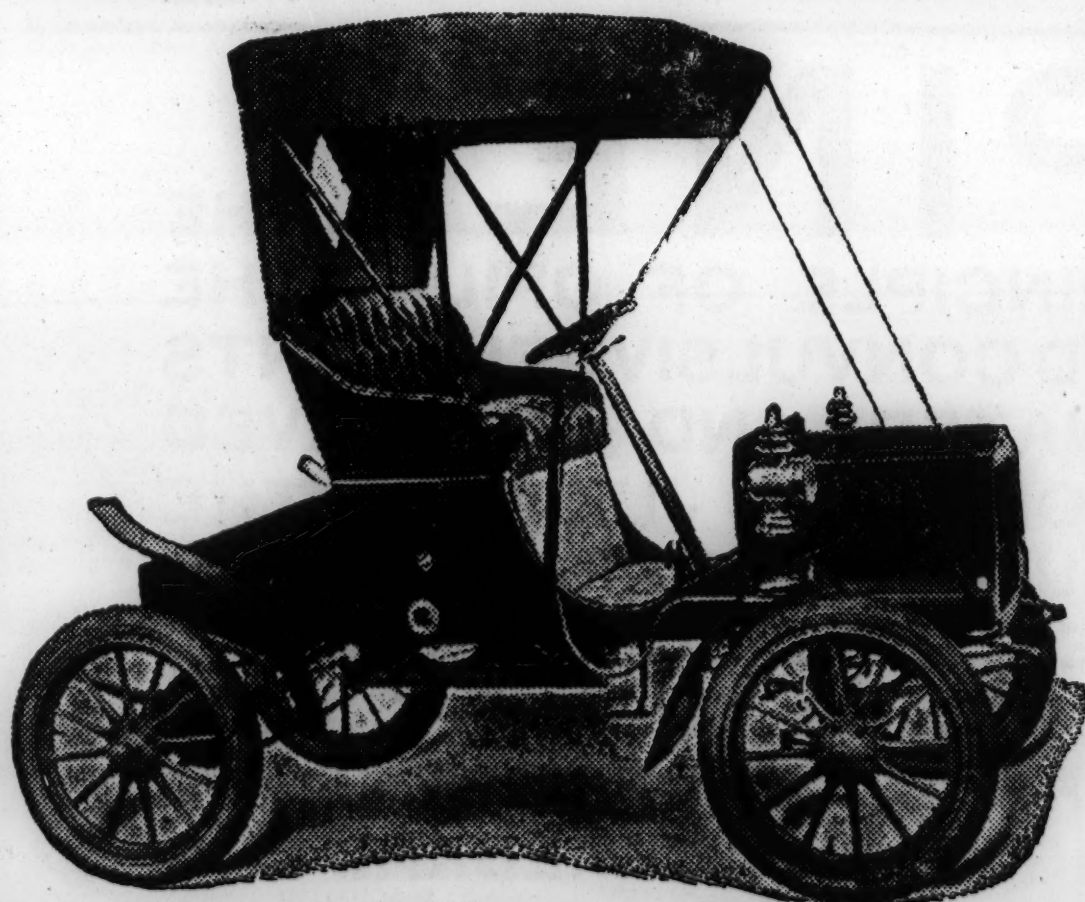
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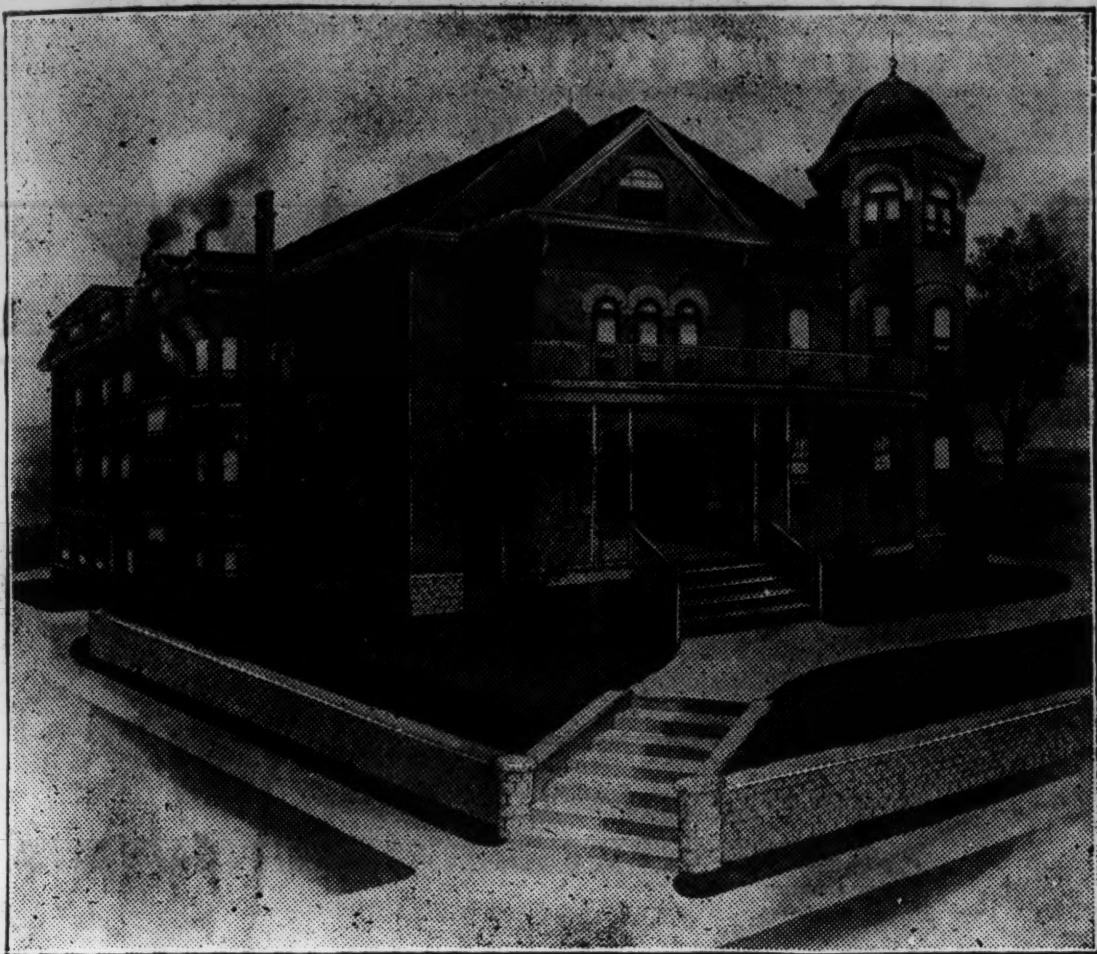


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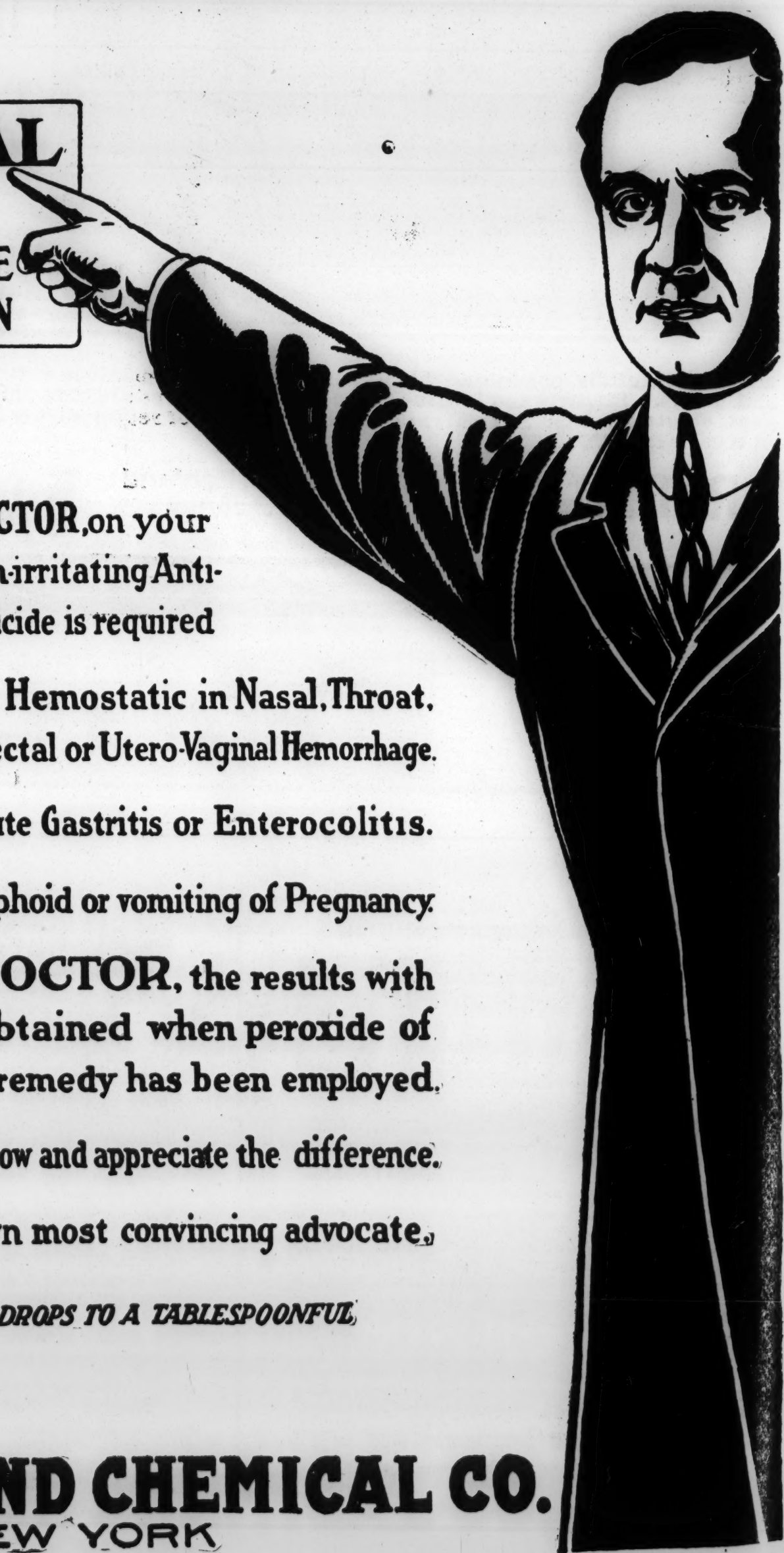
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